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|---|---|---|-------------|--|-------------|-------|---|------------------------|-------------------|--|
| <p style="text-align: center;">UTILITY PATENT APPLICATION TRANSMITTAL</p> <p><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small></p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Attorney Docket No.</td> <td>KATO.001US2</td> </tr> <tr> <td>First Named Inventor or Application Identifier</td> <td>Kiroku Kato</td> </tr> <tr> <td>Title</td> <td>Improved Package and Mail Delivery System</td> </tr> <tr> <td>Express Mail Label No.</td> <td>EV 321 717 157 US</td> </tr> </table> | Attorney Docket No. | KATO.001US2 | First Named Inventor or Application Identifier | Kiroku Kato | Title | Improved Package and Mail Delivery System | Express Mail Label No. | EV 321 717 157 US | |
| Attorney Docket No. | KATO.001US2 | | | | | | | | | |
| First Named Inventor or Application Identifier | Kiroku Kato | | | | | | | | | |
| Title | Improved Package and Mail Delivery System | | | | | | | | | |
| Express Mail Label No. | EV 321 717 157 US | | | | | | | | | |
| <p>APPLICATION ELEMENTS</p> <p><small>See MPEP chapter 600 concerning utility patent application contents.</small></p> | | <p>ADDRESS TO: Commissioner for Patents Box Patent Application P. O. Box 1450, Alexandria, VA 22313-1450</p> | | | | | | | | |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form - <i>see page 2 of this form.</i></p> <p>2. Application:</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Specification: (13 pages) Descriptive title of the Invention, Cross References to Related Applications, Reference to Microfiche Appendix, Background of the Invention, Brief Summary of the Invention, Brief Description of the Drawings, and Detailed Description</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Claim(s) (4 pages)</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Abstract of the Disclosure (1 page)</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) (4 sheets informal / 4 sheets formal)</p> <p>4. Oath or Declaration (3 pages) <input type="checkbox"/> unsigned a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed) c. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> | | <p>6. <input type="checkbox"/> Microfiche Computer Program Appendix consisting of ____ pages of microfiche containing ____ frames on each page in accompanying envelope.</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p style="text-align: center;">ACCOMPANYING APPLICATION PARTS</p> <p>8. <input type="checkbox"/> Assignment Papers (cover sheet & documents) ____ pages</p> <p>9. <input type="checkbox"/> 37 CFR §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (combined when there is an Assignee) with Patent Declaration above.)</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS) (____ pages) & <input type="checkbox"/> PTO Form 1449 (____ page) <input type="checkbox"/> ____ Copies of IDS Citations/References</p> <p>12. <input checked="" type="checkbox"/> Preliminary Amendment <u>4</u> pages</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)</p> <p>14. Small Entity Status <input type="checkbox"/> Small Entity Statement Enclosed ____ pages <input type="checkbox"/> Statement filed in prior application; and status still proper and desired <input type="checkbox"/> Is no longer claimed.</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input checked="" type="checkbox"/> Other: <input checked="" type="checkbox"/> Check in the amount of \$385.00.</p> | | | | | | | | |
| <p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information and a preliminary amendment: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional of prior application No. <u>09/389,001</u> Filed on <u>September 2, 1999</u>, entitled: <u>Package and Mail Delivery System</u>. PRIOR APPLICATION INFORMATION: <u>Examiner Emanuel T. Voeltz</u> <u>Group Art Unit 2121</u></p> | | | | | | | | | | |
| <p>18. CORRESPONDENCE ADDRESS</p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label or <input checked="" type="checkbox"/> Correspondence address below</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">36257</p> <p>Name <u>James S. Hsue</u> Reg. No. 29,545</p> <p>Attorneys for Applicant <u>Parsons Hsue & de Runtz LLP</u></p> <p>Address <u>655 Montgomery Street, Suite 1800</u></p> <p>City <u>San Francisco</u> State <u>CA</u> Zip Code <u>94111</u></p> <p>Country: <u>United States</u> Telephone <u>(415) 318-1160</u> Fax <u>(415) 693-0194</u></p> | | | | | | | | | | |

22390 U.S.PTO
10/750786



19. Fee calculations.

| CLAIMS (Number Filed) | (1) FOR | (2) | | (3) NUMBER EXTRA | | (4) RATE | | (5) CALCULATIONS\$ |
|--|--|-------|---|---------------------|---|----------|---|-----------------------|
| | TOTAL CLAIMS (37 CFR 1.16(c)) | 1 -20 | = | | x | \$18 | = | \$ |
| | INDEPENDENT CLAIMS (37 CFR 1.16(b)) | 1 - 3 | = | | x | \$86 | = | \$ |
| <input type="checkbox"/> | MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.18(d)) | | | | + | \$280.00 | = | |
| BASIC FEE (37 CFR 1.16(a)) | | | | | | | = | \$ 770.00 |
| Total of above Calculations | | | | | | | = | \$770.00 |
| Reduction by 50% for filing by small entity (Note 31 CFR 1.9, 1.27, 1.28). | | | | | | | = | \$385.00 |
| TOTAL | | | | | | | = | \$385.00 |

20. FEES:

☒ A check is enclosed for \$385.00.

The Commissioner is hereby authorized to credit overpayments or charge any additional fees required to Deposit Account No. 502664:

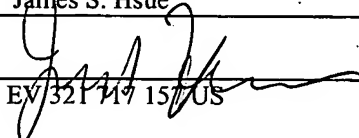
21. ☐ Other: _____

NOTE: The prior application's correspondence address will carry over to this UPA UNLESS a new correspondence address is provided below.

22. NEW CORRESPONDENCE ADDRESS

| | | | | | |
|---|--|--------------|----------------|--|----------------|
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | | 36257 | | <input checked="" type="checkbox"/> New correspondence address below | |
| NAME | James S. Hsue, Parsons Hsue & de Runtz LLP | | | | |
| ADDRESS | 655 Montgomery Street, Suite 1800 | | | | |
| CITY | San Francisco | STATE | California | ZIP CODE | 94111 |
| COUNTRY | U.S.A. | TELEPHONE | (415) 318-1160 | FAX | (415) 693-0194 |

23. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

| | |
|--|---|
| Parsons Hsue & de Runtz LLP 655 Montgomery Street, Suite 1800 San Francisco, CA 94111 Tel. (415) 318-1160 Fax. (415) 693-0194 | |
| Date: | January 2 nd , 2004 |
| Name | James S. Hsue Reg. No. 29,545 |
| Signature |  |
| Express Mail Label No. | EX 321 117 157 US |